## PART B - FEE(S) TRANSMITTAL

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ANTHONY ENGLAND PO Box 5307 AUSTIN, TX 78763-5307			2006	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/870,087 05/30/2001 TITLE OF INVENTION: CODE OPTIMIZATION		Navin Kumar Sinha		JP920010012US1	6782	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	1	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/05/2006
EXAM	EXAMINER			CLASS-SUBCLASS	¬	03/03/2000
YIGDALL, MICHAEL J		ART UNIT		717-131000		
1. Change of correspondence CFR 1.363).	ee Address" (37	2. For printing	on the patent front page	. list A		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNE  The Legislation of the control of the con	an assignee is identified be 37 CFR 3.11. Completion of EE sional By sine	elow, no assignee data of this form is NOT as (B)	will appear substitute for the RESIDENCI	on the patent. If an assignment.  E: (CITY and STATE OF	ignee is identified below, the d R COUNTRY)  Corporation or other private gro	
4a. The following fee(s) are experienced by Issue Fee  Publication Fee (No sr  Advance Order - # of	4b. Pa;	D. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 69 - 0457 (enclose an extra copy of this form).				
5. Change in Entity Status (	from status indicated above.  AALL ENTITY status. See 3	_				
The Director of the LISPTO is	s requested to apply the Issu- blication Fee (if required)	e Fee and Publication	Fee (if any) or		ALL ENTITY status. See 37 CF usly paid issue fee to the applicate statement attorney or agent; or the	
Authorized Signature	Anthony V:	Stra		£6/29 Date	VECOL TREVENSE CRESSION C	
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